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CONFIRMATION NO. 1816

<b>SERIAL NUMBER</b> 09/909,662	<b>FILING OR 371(c) DATE</b> 07/19/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> UTSD:533USR1/MTG
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a REI of 08/938,081 09/26/1997 PAT 5,925,062  
 which is a DIV of 08/662,845 06/12/1996 PAT 5,693,067  
 which is a DIV of 08/164,398 12/09/1993 PAT 5,527,338  
 which is a CIP of 07/939,296 09/02/1992 PAT 5,443,478

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 09/10/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 7
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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**TITLE**  
 Intravascular device

<b>FILING FEE RECEIVED</b> 1732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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